



PATIENT

Frankie Durany

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Arpaia

INVOICE

16244

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Systolic murmur -March 2018 Hyperthyroidism - November 2021- I131 treatment in December -Normal thyroid last checked in April Atopy Stopped eating 3 days ago, screening AUS - free abdominal fluid Current Medications furosemide 9mg IV yesterday

Abnormal PE/Chem/CBC/UA Results: early stage 2 renal disease since 11/2021 Labs 6/23/22 Superchem: wnl except - creatinine 2.7 (0.6-2.4) - amylase 1405 (100-1200) -precision PSL 28 (8-26) Fluid analysis and cytology results pending of free abdominal fluid - CBC: wnl except neutrophils 10700 (2500-8500) monocytosis 670 (0-600) TT4- 0.5 (0.8-4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral was noted in the left kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

Spleen

The spleen exhibited mild enlargement and primarily maintained symmetrical capsule contour and uniform parenchyma echogenicity. The spleen measured 0.9 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt hepatic masses or nodules present.

The gallbladder was non distended in size with mild nonmineralized echogenic luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering, significant mural changes or intestinal masses. The lumen of



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the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.24 cm. No overt pathology present in the area of the ileoceocolic junction.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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The pancreas exhibited generalized enlargement with areas of capsule asymmetry. Nonhomogeneous to hypoechoic parenchyma was noted with minor pancreatic duct dilation. Intermittent, likely thinly walled pancreatic cyst was present in the proximal left and right pancreatic limb, containing anechoic fluid.

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Free Abdomen

Mild volume peritoneal free fluid was present. Generalized mild nonuniform hyperechoic mesentery was present. No omental masses or overt lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged to nonhomogeneous to cystic pancreas
- Mild nonspecific non-congested hepatomegaly
- Overtly normal gastrointestinal tract
- Bilateral chronic renal changes
- Mild volume peritoneal free fluid and generalized mild nonuniform mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt evidence of hepatic congestion or reported hypoalbuminemia, exact etiology of the mild volume peritoneal free fluid is unclear. Potentially, this may be secondary to suspected pancreatitis, based on the pancreatic presentation, while the possibility of concurrent hepatopathy, given the short half-life of hepatic enzymes in cats cannot be excluded. No overt evidence of pancreatic or hepatic neoplastic criteria, which is considered a less likely differential diagnosis. Correlation with pending effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells, is recommended. If clinically indicated, ultrasound guided hepatic +/- pancreatic FNA, using a 25-gauge needle and assuming normal clotting status, could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment, as well as assessment of potential occult small intestinal disease, given the inappetence, could be considered. Potential for emerging neoplastic process, i.e., nonobvious lymphatic obstruction owing to carcinomatosis, lymphomatosis or similar, cannot be definitively excluded. Correlation with echocardiographic assessment, as well as, if not done, three-view chest radiographs, to rule out occult thoracic pathology as a contributing factor.

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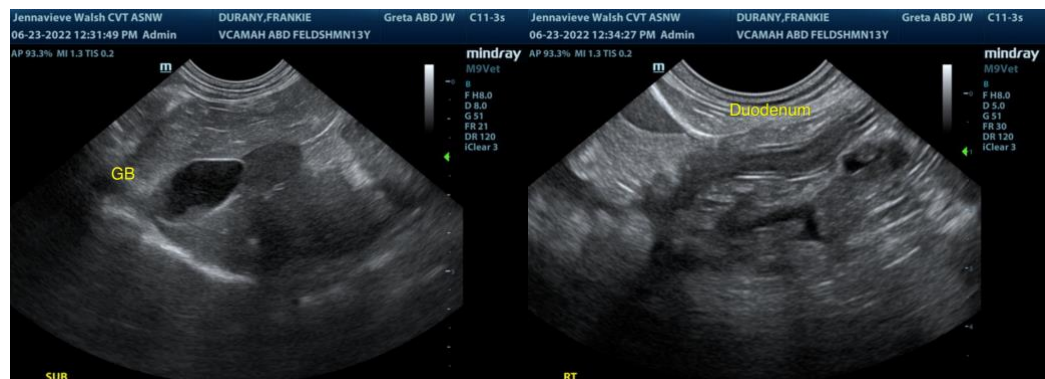
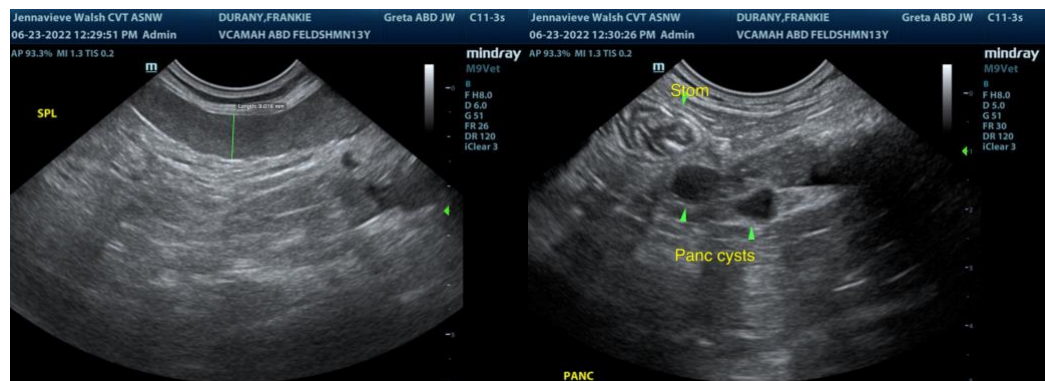
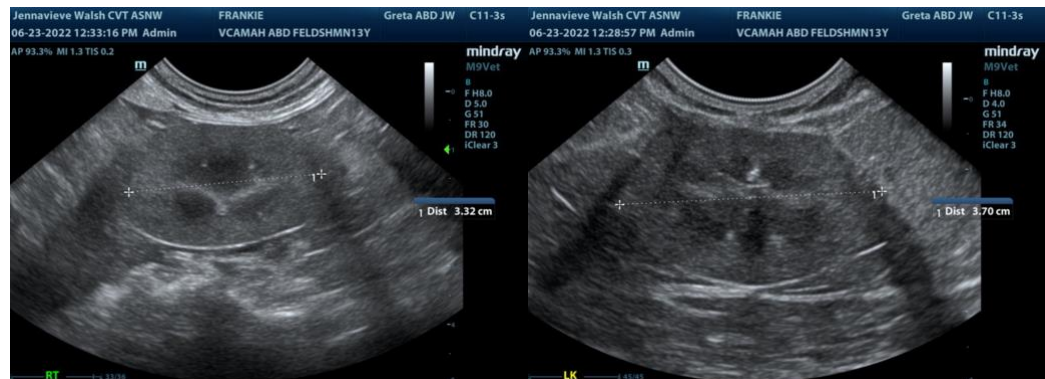
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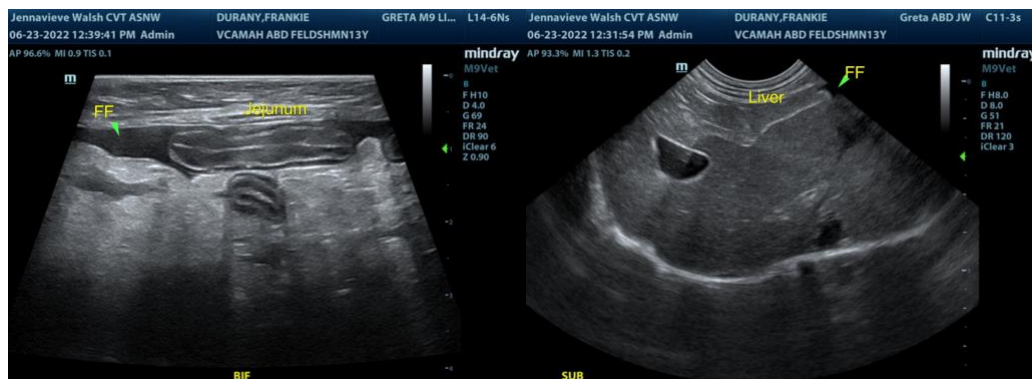
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com